

**SCIENTIFIC SUBSTANTIATION OF ORGANIZATIONAL FORMS OF
ACTIVITY OF NURSING STAFF OF REHABILITATION
DEPARTMENTS (Review of literature)**

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Abstract

According to the World Health Organization (WHO), the number of people with physical and mental disabilities in the world has reached more than 1 billion people, these are people with disabilities for various reasons, which is 15% of the population. WHO believes that basic rehabilitation services can improve the health of 1.5% of the population in developing countries. These are mainly people with limited mobility, vision, hearing and learning difficulties. The problem of rehabilitation is one of the 43 scientific programs being developed within WHO. Within the framework of this program, cooperation with 30 international non-governmental organizations was carried out.

Keywords: WHO, disabilities, rehabilitation, physical, mental.

Introduction

In many countries, rehabilitation is recognized as an integral part of medicine [6]. For the first time in the Russian Federation, the specialty "rehabilitation nurse" was introduced by the order of the Ministry of Health of the Russian Federation dated March 30, 2010 No. 199 "On amendments to the nomenclature of secondary medical and pharmaceutical specialists in the field of health care of the Russian Federation". Representatives of secondary medical personnel engaged in rehabilitation and rehabilitative treatment had specialist certificates in one of three specialty areas ("physiotherapy", "medical massage", "physical therapy",). According to the decision of the Government of the Russian Federation No. 291 of April 16, 2012, as amended on February 15, 2013, "On Licensing of Medical Activities", secondary medical workers of departments with a rehabilitation profile or rehabilitation specialists in places with beds carrying out rehabilitation activities certificate is required. In this regard, the training of specialists in rehabilitation nursing has become a very urgent task facing additional professional education organizations [1]. In Uzbekistan, there is no such specialty as rehabilitation nurse, but "Massage nurse", "Physiotherapy nurse" and Treatment physical education instructor-nursing specialties participate in the rehabilitation process. Secondary

medical workers who graduated with a diploma of Higher Nursing, and medical colleges according to state educational standards with the specialties of "Treatment work", "Obstetric work" and "Nursing work" to participate in the rehabilitation process "Massage nurse", "Physiotherapy nurse" and "Treatment" physical education instructor-nurse" qualifications are required. According to the Order No. 336 of the State Council of the Republic of Uzbekistan dated August 24, 2015, these specialists can go through specialization to work in this position and carry out re-specialization at the "Center for training and specialization of secondary medical and pharmaceutical personnel" [5, 6].

Material and Methods

The increasing role of the nurse in the organization of various aspects of medical care led to the need to introduce the position of nurse coordinator for rehabilitation programs of medical and social care departments in the implementation of psychosocial work in the practice of medical institutions [7]. This position puts the nurse at the level of an autonomous partner in the activity and allows him to be considered not as a passive executor of the doctor's recommendations, but as an independent executor of tasks in the rehabilitation process [11]. The tasks of the nurse coordinator are as follows: collecting information necessary for the development of an individual program of patient care and rehabilitation, monitoring the implementation of this program, as well as participating in a number of activities within the scope of his authority; evaluation of the results obtained using formalized techniques. When the patient is admitted to the ward, the nurse coordinator determines his communication, ability to move in the environment, assesses self-care problems, determines his preferences and interests. The received information is recorded in the "Nurse Evaluation Sheet". The set of data obtained by the nurse is analyzed at the meeting of the polyprofessional team and used to develop an individual program of rehabilitation with care. The coordinator nurse informs the middle and junior medical staff about the patients who need appropriate help, gives instructions on the procedure for providing them [9]. The task of the Coordinator nurse presented in the practice of medical care, as it turns out, is directly related to her work in a multi-professional group, in which the efforts of other specialists are combined: a rehabilitation doctor, a psychologist, a social service representative.

Results

In the literature, the work of nurses on the rehabilitation of young mentally retarded patients has been studied. They included various types of rehabilitation activities: medical, social and labor, medical-social, social-pedagogical, social-psychological, social-household, social-cultural. As a result of rehabilitation measures, disabled people participate more actively in labor processes, which serves as a developmental force for them. The work of medical nurses is defined as a dangerous profession [2]. Emotional stress and variable working hours of nurses were defined as the most unfavorable factors (harmful according to the class of working conditions). The systematization of indicators made it possible to assess the class of working conditions of nurses working in psychiatry as harmful, hard work of the II degree. Of the nurses who worked with patients with psychological disorders, secondary medical workers with up to 15 years of experience, specialists have the most complete (100%) knowledge ($r < 0.05$) in the

field of medical and social rehabilitation of disabled people due to mental illnesses and behavioral disorders. recognized as According to the literature review, it was found that in most of the secondary medical workers with more than 20 years of experience (73.9%) compared to the respondents with up to 5 years of experience (54.5%), the knowledge in the field of Legislation and Legislation is insufficient ($r < 0.05$). . The first place among the negative factors is a factor such as a large psycho-emotional load (83.2% of all respondents) ($r = -0.213$; $r > 0.05$). Quality indicators of nurses' work depend on the motivation of their work. When the nurses were surveyed, among their motivational factors, work responsibilities took the leading place. 91.6% of the nurses who participated in the survey were based on this motivation in their work. ($r > 0.05$). It has been confirmed that the relationship between work experience and sympathy for the disabled has a statistically significant relationship ($r = 0.451$; $r < 0.05$) [4,5].

Discussions

In the research, when analyzing the personal mental state of nurses, the authors developed practical recommendations for nurses. Attention was paid to psycho-education of patients and their environment, treatment, lifestyle organization (daily employment). In the tactics of the serving nurse, for example, the influence of the social environment on the patient with dementia or schizophrenia, his need for employment, and the importance of teaching relatives to adequately treat the patient are given great importance [8]. More than 20% of people aged 60 and older suffer from mental or neurological diseases (excluding headache-related diseases), which causes 6.6% of all disabilities in this age group (The role of rehabilitation nurses in this age group is invaluable) events such as loss, decrease in socio-economic status in retirement may occur. All these factors can lead to isolation, loneliness and psychological distress in the elderly. Many older adults lose their ability to live independently and need long-term care due to limited mobility, chronic pain, disability, or other mental or physical problems. In addition, healthcare providers and the elderly themselves do not pay enough attention to mental health problems, and the stigma associated with mental illness makes people reluctant to seek help [4]. A nurse's help is required in the rehabilitation of patients with various diseases, injuries and problems. This may include cardiovascular, respiratory, stroke rehabilitation, post-surgery or injury rehabilitation and rehabilitation. Nurses need to constantly improve their skills. The need to create educational and methodological centers in medical and preventive organizations is justified by the need for continuous training of nurses, which allows to increase their professional knowledge, acquire new knowledge, and create professional and psychological adaptation of young specialists [5]. The effective work of a nurse is also based on her awareness of the issues of the regulatory and legal framework in the field of rehabilitation of disabled and elderly citizens, as well as in the rehabilitation of patients of different ages. Currently, issues of the quality of medical care at all stages of interaction with the patient are actively discussed in all areas of health care. The most important indicator of the quality of a nurse's work is, first of all, her professional skills. In order to achieve a high quality of nursing work, it is necessary to have indicators that allow it to be evaluated. Analyzing the performance of general practice nurses, it is worth saying that a number of studies have been devoted to the development of such indicators. Analysis of data from various scientific sources allows to present the ranking of identified priority indicators of the quality of nursing work in various medical institutions in

a generalized form. [3] Active use of the possibilities of the continuous education system in the workplace allows to expand professional competence, increase the functional role and qualification category (from 32.9% in 2014 to 48.2% in 2018), and improve the quality of medical and social rehabilitation. During the period of scientific research, it was found that the complaints of disabled people and their relatives decreased by 2.3 times (56.8%). [6, 7]

Conclusion

Thus, taking into account the expansion of the professional activity of nurses, it remains urgent to develop measures to increase the professional competence of nurses in the implementation of complex medical and social rehabilitation of patients and disabled people. Based on the study of various concepts, it should be mentioned that retraining and professional development of the nurse in the field of rehabilitation increases the quality of the rehabilitation process.

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